MAXIMUS Federal Services

Case Number:	CM15-0014842		
Date Assigned:	02/02/2015	Date of Injury:	10/27/2007
Decision Date:	05/27/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/26/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51 year old female who sustained an industrial injury on 10/27/2007. Current diagnoses include impingement syndrome left shoulder, capitellar-olecranon joint inflammation left elbow, chronic neck pain, internal derangement of bilateral knees, medial epicondylitis and ulnar neuritis and median nerve neuritis on the left, and chronic pain syndrome. Previous treatments included medication management. Report dated 01/02/2015 noted that the injured worker presented with complaints that included neck pain with muscle spasms and stiffness, left shoulder pain and left elbow numbness and tingling, and pain in both knees with popping and clicking. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included receiving medications, follow up in 4 weeks, and request for Othovisc or Synvisc injection. Disputed treatments include Mirtazapine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Mirtazapine 15MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressant medications Page(s): 13-15. Decision based on Non-MTUS Citation Official disability guidelines pain chapter, insomnia; Sedating antidepressants (e.g. amitriptyline, trazodone, mirtazapine).

Decision rationale: The patient presents with neck pain with muscle spasms and stiffness, left shoulder pain and left elbow numbness and tingling, and pain in both knees with popping and clicking. The request is for MIRTAZAPINE 15MG #30. There is no RFA provided and the patient's date of injury is 10/27/07. The diagnoses include impingement syndrome left shoulder, capitellar-olecranon joint inflammation left elbow, chronic neck pain, internal derangement of bilateral knees, medial epicondylitis and ulnar neuritis and median nerve neuritis on the left, and chronic pain syndrome. Previous treatments included medication management. Current medications include Tramadol ER, Mirtazapine, Nalfon, and Protonix. The patient is not working. Mirtazapine (Remeron) is classified as an antidepressant. The MTUS Guidelines page 13 states, "Recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." The guideline further states "Osteoarthritis: No studies have specifically studied the use of antidepressants to treat pain from osteoarthritis. In depressed patients with osteoarthritis, improving depression symptoms was found to decrease pain and improve functional status." ODG Guidelines pain chapter, under insomnia states, "Sedating antidepressants (e.g. amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression." Per 01/02/15 report, treater states, "Mirtazapine 15mg is prescribed for insomnia. She needs to refill her medications that help her to be more functional." Mirtazapine was prescribed to the patient at least since 07/25/14, per provided medical reports. Although the patient has insomnia, there is no indication of the patient having any signs of depression, as required by ODG guidelines. Therefore, the requested Mirtazapine IS NOT medically necessary.